QUALIFIED LESSORS' EXEMPTION CLAIM

NAME AND MAILING ADDRESS

PROPERTY USED FOR FREE PUBLIC LIBRARIES AND FREE MUSEUMS AND **USED EXCLUSIVELY FOR** PUBLIC SCHOOLS, COMMUNITY COLLEGES, STATE COLLEGES, STATE UNIVERSITIES, UNIVERSITY OF CALIFORNIA, AND NONPROFIT COLLEGES

(Make necessary corrections to the printed name and mailing address) To receive one time reporting treatment for the exemption, this claim must be filed with the Assessor within 120 days of the commencement date of the lease. **IDENTIFICATION OF APPLICANT** LESSOR'S CORPORATE OR ORGANIZATION NAME MAILING ADDRESS CITY, STATE, ZIP CODE CORPORATE ID (IF ANY) **IDENTIFICATION OF PROPERTY** ADDRESS OF PROPERTY (NUMBER AND STREET) FISCAL YEAR OF CLAIM 20 - 20 CITY, COUNTY, ZIP CODE ASSESSOR'S PARCEL NUMBER USE OF PROPERTY

√ Check and state the primary and incidental qualifying uses of the property. The exemption claim is made for the following property: (if there are numerous properties, please attach a list that clearly identifies the property and the name and address of the lessee) PROPERTY TYPE PRIMARY USE **INCIDENTAL USE** Land ☐ Buildings and Improvements ☐ Personal Property Yes No The lease confers upon the lessee the exclusive right to possession and use of the property. Yes No As used herein a qualifying institution is one whose property qualifies for the free public library, free museum, public school, community college, state college, state university, University of California, or nonprofit college property tax exemption. Yes \(\text{No}\) The lessee institution has the option at the end of the lease term of acquiring the above property described in the lease for \$1 (one dollar) or any other nominal sum. Important: A lessee's affidavit, in which the lessee attests to the above statement(s) is provided. Failure to submit/complete the lessee's affidavit will result in denial of one time reporting treatment for the exemption. A separate affidavit is required of each lessee. **CERTIFICATION** I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hereon, including any accompanying statements or documents, is true and correct to the best of my knowledge and belief. SIGNATURE OF PERSON MAKING CLAIM DATE NAME OF PERSON MAKING CLAIM TITI F FMAIL ADDRESS DAYTIME TELEPHONE

RETURN THIS AFFIDAVIT TO LESSOR

AFFIDAVIT FOR EXECUTION BY QUALIFYING INSTITUTIONAL LESSEE

NAME OF QUALIFYING LESSEE INSTITUTION		
MAILING ADDRESS		
CITY, STATE, ZIP CODE		
Check the type of qualifying use of the	e property	
☐ FREE PUBLIC LIBRARY	☐ COMMUNITY COLLEGE	UNIVERSITY OF CALIFORNIA
☐ FREE MUSEUM	☐ STATE COLLEGE	☐ NONPROFIT COLLEGE
☐ PUBLIC SCHOOL	☐ STATE UNIVERSITY	
NAME OF LESSOR		
MAILING ADDRESS		
CITY, STATE, ZIP CODE		
DATE LEASE SIGNED		COMMENCEMENT DATE OF LEASE
THE ASS	SESSOR MAY REQUEST A COPY OF THE LEAS	E AGREEMENT
The following property is leased as of Jar etc. Attach a separate listing if necessary.	nuary 1 of this year. If personal property is being lease	ed, indicate the type, make, model, serial number,
PROPERTY TYPE (REAL OR PERSONAL)		
Yes No The lessee institution ha (one dollar) or any other	as the option at the end of the lease term of acquiring nominal sum.	the above property described in the lease for \$1
	CERTIFICATION	
I certify (or declare) under penalty of perju	ury under the laws of the State of California that the fo	pregoing and all information hereon, including any of my knowledge and belief.
SIGNATURE OF PERSON MAKING CLAIM		DATE
NAME OF PERSON MAKING CLAIM		TITLE
EMAIL ADDRESS		DAYTIME TELEPHONE ()